



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

August 28, 2014

To: Supports Planning Agencies

From: Long Term Services and Supports Administration

This memo provides information about communication with participants and the process for resubmitting plans of service for participants who experienced a reduction in service hours after January 6, 2014.

Based on feedback from stakeholders regarding the implementation of the Community First Choice program, the Department has developed additional guidance related to the exceptions and enrollment process. Attached are letters to participants of the Community First Choice and Medical Assistance Personal Care programs that describe the enrollment and exceptions process. These letters will be mailed to participants the week of August 25, 2014.

Please ensure that each staff person of your agency is familiar with these letters and prepared to assist participants in understanding the content.

The Department has established the following process for resubmitting plans of service for participants who experienced a reduction in service hours after January 6, 2014, who feel that their reduced plan is not meeting their needs, and who would like to request a reinstatement of their former service level. Supports planners should complete the person-centered planning process and develop a revised plan of service with the participant. Include a notation in the plan of service Narrative and/or Review sections that this revision is to request reinstatement to the former service level.

Please follow all other normal processes in the development and submission of the revised plan of service, including the exceptions process, as noted in the POS Manual available at <https://mmcp.dhmh.maryland.gov/longtermcare/Resource%20Guide/Forms/AllItems.aspx>.

Please be sure to include an exceptions form and all related supporting documentation by uploading the relevant materials as attachments in the tracking system when submitting the request. Do not authorize an increase of service without the plan being approved by the Department. Plans of service may not be back-dated.

If you have any questions related to this letter, please contact April Ostrowski at 410-767-1483.